

2013-12-A

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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Roman LD Inc.

Company Name _____ FEIN/SSN 972-793-8636

Dbaf/ka _____ Telephone # _____

2300 Valley View Lane 730

Mailing Address _____

Irving, TX 75062

City, State, Zip Code _____

2300 Valley View Lane 730

Business Location _____

Irving, TX 75062 Dallas

City, State, Zip Code _____ County _____

REGISTERED AGENT INFORMATION

Registered Agent: National Register Agent, Inc.

Mailing Address: 2 Office Park Court Suite 103

Columbia, SC 29223

City, State, Zip Code _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- MARIA Zepeda
- A. **General Manager** (Include Address if different than above)
972-793-2759 1972-408-4150 / mzepeda@romanLDinc.com
 Telephone Number / Facsimile Number / E-mail Address
Abul Karim
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
972-793-2759 1972-408-4150 / romanLDinc@yahoo.com
 Telephone Number / Facsimile Number / E-mail Address
Rose Cortez
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
972-793-2759 1972-408-4150 / romanLDinc@yahoo.com
 Telephone Number / Facsimile Number / E-mail Address
888-227-2759
- C2. **Customer Contact** (Toll Free Number) _____
- D. **Engineering Operations** (Include Address if different than above)

 Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)

 Telephone Number / Facsimile Number / E-mail Address
- F. **Emergencies** (During Non-Office Hours)

 Telephone Number / Facsimile Number / E-mail Address

MAR 11 2013
CLERK'S OFFICE

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

- G. MARIA Zepeda**
Regulatory Officer (Include Address if different than above)
972-793-8636 / /
Telephone Number / Facsimile Number / E-mail Address
- H. Dual Party Mailings (Name)**
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address
- I. Interim LEC Fund Mailings (Name)**
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address
- J. MARIA Zepeda**
Universal Service Fund Mailings (Name)
2300 Valley View Lane Ste 730 Irving, TX 75062
(Mailing Address)
888-227-2759 / 972-408-4150 / mzepeda@romanLDinc.com
Telephone Number / Facsimile Number / E-mail Address
- K. Maria Zepeda**
Gross Receipts Mailings (Name)
2300 Valley View Lane Ste 730 Irving, TX 75062
(Mailing Address)
972-793-8636 / 972-408-4150 / mzepeda@romanLDinc.com
Telephone Number / Facsimile Number / E-mail Address
- L. Lifeline Mailings (Name)**
(Mailing Address)
/ /
Telephone Number / Facsimile Number / E-mail Address

Maria Zepeda
This form was completed by
President
Title

[Signature]
Signature
/ 3/5/13
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201